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PTO/58/97 (08-02)

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Application Number: 09/993,370

Filing Date: 11/16/2001

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Date



Signature

LeAnn M. Sassman

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1. Fee Transmittal
2. Preliminary Amendment

Total Pages Transmitted: 9
(571) 273-8300
MS1-953US
Confirmation No. 5758

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fee pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0)

Complete if Known

Application Number	09/893,370
Filing Date	11/16/2001
First Named Inventor	Paul England et al.
Examiner Name	Dinh, Minh
Art Unit	2132
Attorney Docket No.	MS1 - 953US

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: 12-0769	Deposit Account Name: Lee & Hayes, PLLC		
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x 50	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x 200	=			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

SUBMITTED BY

Signature		Registration No. 38318 (Attorney/Agent)	Telephone (509) 324-9256
Name (Print/Type)	Allan T. Sponseller		Date 7/22/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

JUL 22 2005

Application Serial No.09/993,370
Filing DateNovember 16, 2001
Inventor.....Paul England et al.
Group Art Unit2132
ExaminerDinh, Minh
Attorney's Docket No.MS1-953US-5758
Confirmation No.
Title: Manifest-Based Trusted Agent Management in a Trusted Operating System Environment

PRELIMINARY AMENDMENT

To: Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

From: Allan T. Sponseller (Tel. 509-324-9256; Fax 509-323-8979)
Customer No. 22801

Sir:

Applicant respectfully requests that this amendment be entered prior to examination of the above-identified application.

A detailed listing of the claims is provided below. A status identifier is provided for each claim in a parenthetical expression following each claim number.